

**EXHIBIT 6-B**  
**REQUEST FOR WAGE DETERMINATION**

(Date)

Montana Department of Commerce  
Community Services Division  
301 S. Park  
P.O. Box 200523  
Helena, MT 59620-0523

The (name of grantee: City, Town or County of ...) is preparing to go to bid for a contract involving FY 200\_\_ Montana Community Development Block Grant (CDBG) funds. The project involves:

- (brief description of activities);
- (estimated amount); and
- (projected date of bid opening).

Please send a copy of the current wage determination which will apply to this project.

Fifteen days prior to the bid opening I will contact you to confirm that the wage rate determination you have sent in response to this request is still current.

Sincerely,

(signature)

Typed Name , Labor Standards Officer  
Mailing Address  
Telephone and FAX Number  
E-mail Address